

**AMERICAN LEGION DEPT OF IDAHO CREDIT CARD PAYMENT FORM**

**NAME ON CARD** \_\_\_\_\_

**CARD NUMBER** \_\_\_\_\_

**CIRCLE: VISA    MASTER CARD    DISCOVER    AMERICAN EXPRESS**

**EXPIRATION DATE** \_\_\_\_\_ **BILLING ZIP CODE** \_\_\_\_\_

**Attach form to paperwork going to Department**